
ENCEPHALITIS, OTHER INFECTIOUS

Clinical Features: Signs and symptoms vary in severity and rate of progression. Severe infections may result in acute onset of headache, high fever, stupor, disorientation, coma, tremors, convulsions (especially in children), and paralysis.

Causative Agent: May be viral, fungal, or bacterial.

Mode of Transmission: Varies - dependent on the causative agent.

Incubation Period: Varies - dependent on the causative agent.

Period of Communicability: Direct person-to-person spread does not occur.

Public Health Significance: Preventative measures may be taken to prevent many types of infectious encephalitis; for example, precautions against insect bites could prevent some forms of viral encephalitis.

Reportable Disease in Kansas Since: 1982

Laboratory Criteria for Surveillance Purposes

- Fourfold or greater change in serum antibody titer, **OR**
- Isolation of infectious agent, demonstration of viral antigen, or demonstration of genomic sequences from tissue, blood, cerebrospinal fluid, or other body fluid, **OR**
- Specific IgM antibody by enzyme immunoassay (EIA) antibody captured in CSF or serum. Serum IgM antibodies alone should be confirmed by demonstration of IgG antibodies by another serologic assay (e.g., neutralization of hemagglutination inhibition).

Surveillance Case Definitions

- ***Probable:*** A clinically compatible case with supportive, but not definitive, serology.
- ***Confirmed:*** A clinically compatible case that is laboratory confirmed.

Epidemiology and Trends

2005 Kansas Count: 3

	<i>Rate per 100,000</i>	<i>95% CI</i>
Kansas Rate	0.1	(0.0 – 0.2)
U.S. Rate (2004)	NA	NA

"Other" encephalitis includes any reported case of encephalitis not caused by West Nile virus—West Nile encephalitis is reported separately. Two of the cases reported during 2005 were diagnosed with herpes simplex encephalitis. The other case of non-West Nile infectious encephalitis was St. Louis encephalitis.

The St. Louis encephalitis virus, like West Nile virus, is transmitted to humans through the bite of an infected mosquito. According to the CDC, 12 cases of St. Louis encephalitis were reported in the U.S. in 2004. Reported incidence is very low in Kansas; only three cases have been reported in the last ten years.

A comparable national rate for “other” encephalitis is not available.